

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		10-01-01
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	LM	32	10/15
FORMALITY REVIEW	H-T	1117	11/14/01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ✗ ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Date
1	Original	10/22/01
2	Final	10/22/01
3	Original	10/22/01
4	Final	10/22/01
5	Original	10/22/01
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7	Original	10/22/01
8	Final	10/22/01
9	Original	10/22/01
10	Final	10/22/01
11	Original	10/22/01
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50	Final	10/22/01

Claim	Final	Date
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If more than 150 claims or 10 actions  
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